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## Wisconsin Medicaid addresses flexibility, duration, and coordination of therapy services

This *Wisconsin Medicaid and BadgerCare Update* includes information about the following:

- The flexible use of approved, medically necessary therapy sessions so a provider may meet a recipient's needs.
- The duration of approved therapy services on prior authorization (PA) requests.
- The request for coordination of therapy services for the same recipient for multiple therapy services.

### Flexibility of approved, medically necessary therapy services

Wisconsin Medicaid allows flexible use of approved, medically necessary therapy sessions so a provider may meet a recipient's needs.

Wisconsin Medicaid may approve a specific number of therapy sessions that can be used flexibly. Rather than being restricted to providing therapy services once a week for 10 weeks as approved on a prior authorization (PA) request, a provider and recipient may change the frequency of the sessions over the ten-week period. For example, therapy services could be provided once a week for the first four weeks and twice a week *every other* week for the next six weeks.

The number of therapy sessions used may not exceed the approved quantity and must be used between the PA grant and expiration dates.

### *Plan of care must reflect flexibility of approved therapy services*

Wisconsin Medicaid requires that the frequency and duration of therapy services be written in the therapist's plan of care under HFS 107.16, 107.17, and 107.18, Wis. Admin. Code. To use the sessions flexibly, the therapist must have a physician's prescription that allows therapy services to be used flexibly.

*Note:* Flexibility applies to all sessions approved on PAs including maintenance therapy, extension of therapy services, and spell of illness (SOI). Refer to the July 2000 *Wisconsin Medicaid and BadgerCare Update* (2000-24), titled "Prior authorization for maintenance therapy" and the July 2003 *Update* (2003-79), titled "Changes to spell of illness prior authorization," for more information about maintenance therapy and SOI, respectively.

### Duration of approved therapy services on prior authorization requests

Prior authorization requests for therapy services must meet the criteria of medically necessary under HFS 101.03(96m), Wis. Admin. Code. Refer to the May 2002 *Update* (2002-32), titled "How 'medically necessary' is applied when

evaluating prior authorization requests for therapy services,” for the definition of medically necessary. In addition, the duration and frequency on a PA request should accurately reflect the plan of care.

If the PA request meets the criteria of medically necessary and the duration and frequency accurately reflect the plan of care, Wisconsin Medicaid should allow the following duration and number of sessions for therapy provided to individuals with *ongoing* therapy needs:

- Up to three sessions per week, for a duration of up to 26 weeks (maximum of 78 sessions).
- One or less than one therapy session per week, for a duration of up to 52 weeks (maximum of 52 sessions).

*Note:* Duration applies for continuation and maintenance PAs but not SOI. Refer to *Update* 2000-24 for information about maintenance therapy.

### **Coordinating multiple prior authorizations**

Wisconsin Medicaid allows providers to request coordination of grant and expiration dates for the same recipient for multiple therapy types. The intent of this provision is to increase coordinated planning by the therapist(s) and enable recipients and their families to focus on therapy planning. Providers can accomplish coordination by consulting with other therapy providers. Wisconsin Medicaid will attempt to respond to coordination requests when possible. Providers should request the same grant and expiration dates on each Prior Authorization Request Form (PA/RF) and note that it is for coordination of care purposes.

*Note:* When initiating PA coordination, providers may need to initially request shorter duration periods to synchronize the PAs.

### **Information regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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